

I N C I D E N T	1. Agency			2. Division/Precinct <b>A-DE 10</b>			New York State <b>INCIDENT REPORT</b>			3. ORI <b>A-DE 1</b>		4. Orig.		5. Case No.		6. Incident No. <b>A-DE 2</b>									
	7. Report Day		8. Date <b>A-DE 5</b>		9. Report Time <b>A-DE 6</b>		Occurred On/From		10. Day		11. Date <b>A-DE 3</b>		12. Time <b>A-DE 4</b>		Occurred To		13. Day		14. Date		15. Time				
	16. Incident Type						17. Business Name						18. Weapon(s) <b>O-DE 16</b>						A.. <b>O-DE 16</b>						
	19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.)												20. City, State, Zip ( C T V )				21 Location Code <b>A-DE 9</b>				B. <b>O-DE 16</b>				
	22. OFF NO.		LAW		SECTION		SUB		CL		CAT		DEG		ATT		NAME OF OFFENSE				CTS		23. No of Victims		C. <b>O-DE 16</b>
1																								D. <b>O-DE 15</b>	
2 <b>O-DE 12</b>		---		<b>O-DE 13</b>		----		----		----		----		----											
3																									
25. Person Type: CO = Complainant OT = Other PI = Person Interviewed PR = Person Reporting WI = Witness NI = Not Interviewed VI = Victim														26. Victim also complainant				Y N		E. <b>O-DE 14</b>					
P E R S O N S	TYPE NO		NAME (LAST, FIRST, MIDDLE, TITLE)						Date of Birth		STREET NO, STREET NAME, BLDG. NO., APT. NO., CITY, STATE, ZIP						Telephone No.		AC-DE 68						
																			F. <b>O-DE 19</b>						
																			G. <b>O-DE 20</b>						
																			H. <b>V-DE 40</b>						
V I C I M	27. Date of Birth		28. Age <b>V-DE 41</b>		29. Sex M F U <b>V-DE 42</b>		30. Race <b>V-DE 43</b> White Black Other Indian Asian Unk.			31. Ethnic <b>V-DE 44</b> Hispanic Unk. Non-Hispanic		32. Handicap Yes No		33. Residence Status Temp. Res. <b>V-DE 45</b> Resident Tourist Student Other Commuter Military Homeless Unk				J. <b>V-DE 49</b>							
	34. Type/No. <b>R-DE 32</b>		35. Name (Last, First, Middle)						36. Alias/Nickname/Maiden Name (Last, First, Middle)						37. Apparent Condition <b>R-DE 37</b> Impaired Drugs Mental Dis Unk. Impaired Alco Inj/Ill App Norm				K. <b>V-DE 50</b>						
S U S P E C T	38. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip)										39. Phone No				40. Social Security Number				L. <b>V-DE 47</b>						
	41. Date of Birth		42. Age <b>R-DE 33</b>		43. Sex M R- F U <b>DE 34</b>		44 Race <b>R-DE 35</b> White Black Other Indian Asian Unk.			45. Ethnic <b>R-DE 36</b> Hispanic Unk Non-Hispanic		46. Skin Light Dark Unk Medium Other		47. Occupation				M. <b>O-DE 21</b>							
	48. Height Ft. In.		49. Weight		50. Hair		51. Eyes		52. Glasses Yes Contacts No		53. Build Small Large Medium		54. Employer/School		55. Address				N. <b>O-DE 11</b>						
56. Scars / Marks / Tatoos (Discribe)										57. Misc.															
P R O P E R T Y V E H I C L E	58. Victim or Suspect No		Property Status		Property Type		Quantity/ Measure		Make or Drug Type		Model		Serial No.		Description		Value								
			<b>P-DE</b>		<b>P-DE</b>		<b>P-DE 30</b>		<b>P-DE</b>								<b>P-DE 24</b>								
			<b>22</b>		<b>23</b>				<b>29</b>																
							<b>P-DE 31</b>																		
V E H I C L E	59. Vehicle Status		60. License Plate No.			Full Partial		61. State		62. Exp. Yr.		63. Plate Type		64. Value											
														<b>P-DE 24</b>											
	65. Veh. Yr.		66. Make			67. Model			68. Style		69. VIN.														
70. Color(s)				71. Towed By _____ To								72. Vehicle Notes													
N A R R	73.																								
	74. Inquiries (Check all that apply DMV Want/Warrant Scofflaw Crim. History Stolen Property Other)						75. NYSPIN Message No.				76. Complainant Signature														
A D M I N	77. Reporting Officer Signature (Include Rank)						78. ID No.				79. Supervisor's Signature (Include Rank)				80. ID No.				84. Page						
	81. Status <b>A-DE 7/AR-DE 59</b> Vict. Refused to Coop. Arrest Open CBI Juv. - No Custody Arrest - Juv						Closed (if Closed, check box below) Pros. Declined Warrant Advised Offender Dead Extrad. Declin Unknown				82 Status Date <b>A-DE 8</b>				83. Notified/TOT				of Pages						